



## PUBLIC HOUSING NOTICE OF INTENT TO MOVE

Date: \_\_\_\_\_

TENANT INFORMATION	
TENANT'S NAME	PHONE
ADDRESS	

It is my intention to move from the above stated address on \_\_\_\_\_. I am requesting to be removed from the Public Housing Program. ☐ Yes ☐ No

My reason for leaving is \_\_\_\_\_.

My forwarding address is \_\_\_\_\_.

Forwarding Address	City	State	Zip Code
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I understand that a 30 day written notice is required to be eligible for a security deposit refund. The security deposit shall be refunded to the Tenant on the termination of the Lease after deducting that amount necessary (i) to pay the cost of any rent or other charges due and owing by the Tenant at the termination of the Lease and (ii) to reimburse the Authority for the cost of repairing any damage to the Residence, beyond normal wear and tear, caused by intentional or negligent acts (either of omission or commission) of the Tenant, any of the Tenant's household members or by any guest.

Within 30 days after termination of the Lease and recovery of possession of the premises by the Authority, an itemization of all amounts to be deducted from the security deposit shall be contained within a written notice delivered to the Tenant together with the balance of the security deposit payable to the Tenant, provided that the Tenant has delivered to the Authority written notice of the Tenant's forwarding address.

Furthermore, I understand that all keys received must be turned in at the move-out date.

- ☐ **I am requesting to conduct a move-out inspection of the unit with a housing representative to assess damages to the residence that are beyond normal wear and tear.**
- ☐ **I am NOT requesting a move-out inspection of the unit.**

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

### For Office Use Only

Received by : \_\_\_\_\_ Date: \_\_\_\_\_

Request Referred To: ☐ Housing Specialist ☐ Housing Supervisor ☐ Other: \_\_\_\_\_

Action Taken: \_\_\_\_\_